06/08/2009 14:51

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines HAWAII REPUBLICAN PARTY 1 1 1 1 725 Kapiolani Blvd., #C-105 ADDRESS (number and street) Check if different than previously **HONOLULU** HI 96813 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE A CITY A IS THIS NEW **AMENDED** C00085506 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 05 0 1 2009 05 3 1 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Katherine Thomason Type or Print Name of Treasurer Electronically Filed by Katherine Thomason 06 8 0 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name HAWAII REPUBLICAN PARTY		
Report Covering the Period: From:	M M M D D D Y Y W Y 2 0 0 9	To: 0 5 3 1 2 0 0 9
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		164713.68
(b) Cash on Hand at Begining of Reporting Period	176066.29	
(c) Total Receipts (from Line 19)	22204.74	235137.80
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	198271.03	399851.48
7. Total Disbursements (from Line 31)	35173.24	236753.69
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	163097.79	163097.79
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This Committee has qualified as a mu	Iticandidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E street, NW Washington, DC 20463	

Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name
HAWAII REPUBLICAN PARTY

Report Covering the Period:

м м 0 5

From:

01

2009

To:

м м 0 5 ^D 3 1

^Y 2009

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	8215.00	143615.00
	(ii) Unitemized	9105.00	63905.16
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	17320.00	207520.16
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	17320.00	207520.16
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
6.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	200.00
	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	409.66	2006.97
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	4475.08	25410.67
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	4475.08	25410.67
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	22204.74	235137.80
0.	Total Federal Receipts (subtract Line 18(c) from Line 19)	17729.66	209727.13

Contributions to

23.

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 1189.58 6754.73 (i) Federal Share..... 4475.08 25410.67 (ii) Non-Federal Share..... (b) Other Federal Operating 29508.58 202548.29 Expenditures..... (c) Total Operating Expenditures 35173.24 234713.69 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Federal Candidates/Committees.....and Other Political Committees..... 0.00 0.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 2040.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 2040.00 (add Lines 28(a), (b), and (c)) 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 35173.24 236753.69 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)

30698.16

211343.02

from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	17320.00	207520.16
34.	Total Contribution Refunds (from Line 28(d))	0.00	2040.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	17320.00	205480.16
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	30698.16	209303.02
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	200.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	30698.16	209103.02

FE6AN026

Form/Schedule: F3XN

Transaction ID:

There are no expenditures or disbursements for public communications that refer to a clearly identified candidate for Federal office or that promote, support, attack or oppose any candidate for Federal office as defined under aa CFR section 100.24. Further, there are no public communications that contain express advocacy as defined under 11 CFR section 100.22. There is no portion of any expenditure made on behalf of a specifically identified Federal candidate under 11 CFR section 104.3(b) and 106.-

There were no salary or wage payments as defined under 11 CFR section 100.24 and required to be reported on Schedule B Line 30(b) of the Detailed Summary Page.

Note: 100% of all salary is reported on Line 21(b) unless an employee of the State Party spends more than 25% of their time during that month on activities in connection with the Federal Election activity.

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 38 (check only one) X
nny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may be name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Lei Austin-Fagan Mailing Address 95 Kaupea St City Makawao FEC ID number of contributing federal political committee. Name of Employer Makawao Elementary	State HI C	Zip Code 96768	Date of Receipt 0 5 2 2 2 0 0 9 Transaction ID: SA11AI.67699 Amount of Each Receipt this Period 50.00 Contribution
Makawao Elémentary Receipt For: 2010 X Primary General Other (specify) ▼	Teacher Aggregate	e Year-to-Date ▼ 290.00	
Full Name (Last, First, Middle Initial) Michael Bass Mailing Address 917 Kapapala Pl			Date of Receipt 0 5 1 8 2 0 0 9
City	State	Zip Code	Transaction ID: SA11Al.67631
Honolulu FEC ID number of contributing federal political committee.	C	96825	Amount of Each Receipt this Period 120.00
Name of Employer Retired	Occupation Retired	n	Contribution
Receipt For: 2010 X Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 285.00	
Full Name (Last, First, Middle Initial) David Bateman			Date of Receipt
Mailing Address 78-1136 Bishop Rd			05 04 YYYY 2009
City Holualoa	State HI	Zip Code 96726	Transaction ID: SA11AI.67520 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		120.00
Name of Employer Self Employed	Occupation Coffee Fa		Contribution
Receipt For: 2010 X Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 285.00	
SUBTOTAL of Receipts This Page (optional)			290.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 38 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HAWAII REPUBLICAN PARTY	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Arnold Brady Mailing Address P{O Box 161062 City Honolulu FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code HI 96816 C Occupation Consultant	Date of Receipt M M
Receipt For: 2010 X Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	
Full Name (Last, First, Middle Initial) Arnold Brady Mailing Address P{O Box 161062		Date of Receipt M
City	State Zip Code	Transaction ID: SA11AI.67640
<u>Honolulu</u>	HI 96816	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00 Contribution
Name of Employer Self Employed	Occupation Consultant	Gorianbullon
Receipt For: 2010 X Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Corinne Ching		Date of Receipt
Mailing Address 2040 Nuuanu Ave 140	01	05 18 2009
City	State Zip Code	Transaction ID: SA11Al.67647
Honolulu FEC ID number of contributing federal political committee.	HI 96817	Amount of Each Receipt this Period 120.00
Name of Employer State Legislature	Occupation Representative	Contribution
Receipt For: 2010 X Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	
SUBTOTAL of Receipts This Page (optional) .		370.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 38 (check only one) X 11a 11b 11c 12 13 14 15 16
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any per name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
/	HAWAII REPUBLICAN PARTY Full Name (Last, First, Middle Initial)		
	Kenny Cochran Mailing Address 350 Auwihala Rd		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City Kailua	State Zip Code HI 96734	Transaction ID: SA11AI.67611 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	310.00
	Name of Employer US Army	Occupation Safety Health Manager	Contribution
	Receipt For: 2010 X Primary General Other (specify)	Aggregate Year-to-Date ▼ 310.00	
_	Full Name (Last, First, Middle Initial) Darlene Corn		Date of Receipt
	Mailing Address 86-364 Hale Elua St		05 18 2009
	City	State Zip Code	Transaction ID: SA11AI.67648
	Waianae FEC ID number of contributing federal political committee.	HI 96792	Amount of Each Receipt this Period 25.00
	Name of Employer Child Welfare Services	Occupation Secretary	Contribution
	Receipt For: 2010 X Primary General Other (specify)	Aggregate Year-to-Date ▼ 245.00	
_	Full Name (Last, First, Middle Initial) Tania Cortez-Camero		Date of Receipt
	Mailing Address 1483 Pukana Pl		05 11 2009
	City <u>Hilo</u>	State Zip Code HI 96720	Transaction ID: SA11AI.67614 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	120.00
	Name of Employer Student	Occupation College Rep	Contribution
	Receipt For: 2010 X Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)		455.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate for each cate Detailed Sun	nmary Page X 11a 11b 11c	0 / 38 12 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HAWAII REPUBLICAN PARTY	Statements may not be sold or use name and address of any poli	used by any person for the purpose of soliciting contribut tical committee to solicit contributions from such commit	tions
Full Name (Last, First, Middle Initial) Susan Endo Mailing Address 84-620 Manuku St City Waianae FEC ID number of contributing federal political committee.	State Zip Code HI 96792	Transaction ID: SA11AI.6765 Amount of Each Receipt this Per	
Name of Employer homemaker Receipt For: 2010 X Primary General Other (specify) ▼	Occupation homemaker Aggregate Year-to-Date		
Full Name (Last, First, Middle Initial) Charles Ensey Mailing Address PO Box 47			0 0 9
City	State Zip Code	Transaction ID: SA11AI.6765	53
Papaikou FEC ID number of contributing federal political committee.	HI 96781		eriod 0.00
Name of Employer Self Employed	Occupation Farmer	Contribution	
Receipt For: 2010 X Primary General Other (specify) ▼	Aggregate Year-to-Date	220.00	
Full Name (Last, First, Middle Initial) Richard Fale		Date of Receipt	
Mailing Address 53-018 Makao Rd #	3		0 0 9
City Hauula	State Zip Code HI 96717	Transaction ID: SA11AI.6755 Amount of Each Receipt this Per	
FEC ID number of contributing federal political committee.	C 39717	120	0.00
Name of Employer U S Army	Occupation Military	Contribution	
Receipt For: 2010 X Primary General Other (specify) ▼	Aggregate Year-to-Date	220.00	
SUBTOTAL of Receipts This Page (optional)	1	290	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	(Crieck Offly Offe)
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by an name and address of any political comm	y person for the purpose of soliciting contributions littee to solicit contributions from such committee.
HAWAII REPUBLICAN PARTY		
Full Name (Last, First, Middle Initial) Russell Figueiroa		Date of Receipt
Mailing Address 91-1085 Aipoola St		05 19 2009
City <u>Ewa Beach</u>	State Zip Code HI 96706	Transaction ID: SA11AI.67697 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	3150.00
Name of Employer RM Towill Corporation	Occupation President	Contribution
Receipt For: 2010 X Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3150.0	00
Full Name (Last, First, Middle Initial) Gregg Geary Mailing Address 1551 Noe St		Date of Receipt
	State 7in Code	05 04 2009
City <u>Honolulu</u>	State Zip Code HI 96819	Transaction ID: SA11AI.67556 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer University of HI	Occupation Librarian	Contribution
Receipt For: 2010 X Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 235.0	00
Full Name (Last, First, Middle Initial) Cherlita Gutteling		Date of Receipt
Mailing Address 153 Honolii Pali Pl		05 18 2009
City Hilo	State Zip Code HI 96720	Transaction ID: SA11Al.67658 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Homemaker	Occupation Homemaker	Contribution
Receipt For: 2010 X Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	00 .
SUBTOTAL of Receipts This Page (optional)		3370.00
TOTAL This Period (last page this line number	only)	

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate s for each catego Detailed Summ	ry of the
ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or use e name and address of any political	ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
HAWAII REPUBLICAN PARTY		
Full Name (Last, First, Middle Initial) David Hamman		Date of Receipt
Mailing Address PO Box 223454		05 18 2009
City <u>Princeville</u>	State Zip Code HI 96722	Transaction ID: SA11AI.67661 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer Integrity Construction Se- rvices	Occupation President	Contribution
Receipt For: 2010 X Primary General Other (specify)	Aggregate Year-to-Date ▼	220.00
Full Name (Last, First, Middle Initial) Sarah Ann Hunt	07	Date of Receipt
Mailing Address 2101 Nuuanu Ave # 3	<u> </u>	05 / 18 / 2009
City Honolulu	State Zip Code HI 96817	Transaction ID: SA11AI.67664
FEC ID number of contributing federal political committee.	HI 96817	Amount of Each Receipt this Period 195.00
Name of Employer Chaminade University	Occupation	Contribution
Receipt For: 2010 X Primary General Other (specify)	Aggregate Year-to-Date ▼	355.00
Full Name (Last, First, Middle Initial) Shari Kimoto-Kaauwai	1	Date of Receipt
Mailing Address 92-513 Awawa Pl		05 18 2009
City Kapolei	State Zip Code HI 96707	Transaction ID: SA11AI.67672
FEC ID number of contributing federal political committee.	C 30707	Amount of Each Receipt this Period 65.00
Name of Employer State of Hawaii	Occupation Managerial	Contribution
Receipt For: 2010 X Primary General Other (specify)	Aggregate Year-to-Date ▼	220.00
SUBTOTAL of Receipts This Page (optional)	1	380.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 38 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) HAWAII REPUBLICAN PARTY		
Full Name (Last, First, Middle Initial) Aaron Lee		Date of Receipt
Mailing Address 1192 Malawaina Pl		05 06 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Hilo	State Zip Code HI 96720	Transaction ID: SA11AI.67574
FEC ID number of contributing federal political committee.	C 90720	Amount of Each Receipt this Period 120.00
Name of Employer Camry 21 Au Islands Realt-	Occupation Agent	Contribution
or Receipt For: 2010 X Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Diane Logsdon		Date of Receipt
Mailing Address 267 Kulamanu Cir		05 18 YYYY 2009
City	State Zip Code	Transaction ID: SA11AI.67676
Kula	HI 96790	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer retired	Occupation Retired	Contribution
Receipt For: 2010 X Primary General Other (specify)	Aggregate Year-to-Date ▼ 255.00	
Full Name (Last, First, Middle Initial) Ramon Madden		Date of Receipt
Mailing Address 4242 Lower Honoar	oiilani Rd # E702	05 04 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11Al.67534
Lahaina FEC ID number of contributing federal political committee.	HI 96761	Amount of Each Receipt this Period 120.00
Name of Employer Kobe Steak House	Occupation Teppan Cook	Contribution
Receipt For: 2010 X Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
)	275.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 38 (check only one) X
or for commercial purposes, other than using the	Statements may not be sold or used by any persor e name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) HAWAII REPUBLICAN PARTY		
Full Name (Last, First, Middle Initial) Nick McDaniel		Date of Receipt
Mailing Address PO Box 47		05 18 2009
City Papaiko	State Zip Code HI 96781	Transaction ID: SA11AI.67680 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer Self Employed	Occupation Farmer	Contribution
Receipt For: 2010 X Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Andrew Mertz	1	Date of Receipt
Mailing Address PO Box 10730		05 / 04 / 2009
City Honolulu	State Zip Code HI 96816	Transaction ID: SA11AI.67537 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer Andy's Pool Service	Occupation Pool Cleaner	Contribution
Receipt For: 2010 X Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Pennylynn Ontai	<u>I</u>	Date of Receipt
Mailing Address 94-303 Nanamua PI		05 06 YYYYY 2009
City Mililani	State Zip Code HI 96789	Transaction ID: SA11AI.67577 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer Castle Medical Center	Occupation Administrator	- Contribution
Receipt For: 2010 X Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1255.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	275.00
TOTAL This Period (last page this line number	r only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 38 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HAWAII REPUBLICAN PARTY	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Pennylynn Ontai Mailing Address 94-303 Nanamua PI City Millilani FEC ID number of contributing federal political committee. Name of Employer Castle Medical Center Receipt For: 2010 X Primary General Other (specify)	State Zip Code HI 96789 C Occupation Administrator Aggregate Year-to-Date 1375.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Lois Penaroza Mailing Address 1615 Wilhelmina Rise City Honolulu FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: 2010 X Primary General Other (specify)	State Zip Code HI 96816 C Occupation Retired Aggregate Year-to-Date ▼	Date of Receipt M M
Full Name (Last, First, Middle Initial) Kymberly Pine Mailing Address 91-1017 Kaiamaloo St City Ewa Beach FEC ID number of contributing federal political committee. Name of Employer State of Hawaii Receipt For: 2010 X Primary General Other (specify)	State Zip Code HI 96706 C Occupation Representative Aggregate Year-to-Date ▼ 370.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional))	360.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 38 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A or	r for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
. <u>/</u>	Full Name (Last, First, Middle Initial) Norma Reyes		Date of Receipt
	Mailing Address 98-080 Uao PI, B12		05 18 2009
	City Aiea	State Zip Code HI 96701	Transaction ID: SA11AI.67685 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	260.00
	Name of Employer SOHI OCB	Occupation Office Manager	Contribution
	Receipt For: 2010 X Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00	
	Full Name (Last, First, Middle Initial) Marie Ruhland		Date of Receipt
	Mailing Address 28 Makakai Pl		05 18 2009
	City	State Zip Code	Transaction ID: SA11AI.67687
	Hilo	HI 96720	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00 Contribution
	Name of Employer Self Employed	Occupation Busnessman	
	Receipt For: 2010 X Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Margaret Scow		Date of Receipt
	Mailing Address 95-239 Auhaele Loop		05 06 Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11Al.67588
	Mililani FEC ID number of contributing federal political committee.	HI 96789	Amount of Each Receipt this Period 120.00
	Name of Employer AAA Drywall & Masonry	Occupation Owner	Contribution
	Receipt For: 2010 X Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
	SUBTOTAL of Receipts This Page (optional)		480.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 38 (check only one) X 11a 11b 11c 12 13 14 15 16 1
7	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HAWAII REPUBLICAN PARTY	Statements may not be sold or used by any pere name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Marie Sheldon Mailing Address 92-1413 Palahia St		Date of Receipt 0 5 18 2009
	City <u>Kapolei</u>	State Zip Code HI 96707	Transaction ID: SA11AI.67689 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	250.00 Contribution
	Name of Employer Kessnner, Umebayashi, Bain & Matsunaga Receipt For: 2010 X Primary General Other (specify) ▼	Occupation Atty Aggregate Year-to-Date 500.00	Contribution
_	Full Name (Last, First, Middle Initial) Franklin Souza Mailing Address 92-848 Palailai St		Date of Receipt 0 5 18 2009
	City	State Zip Code	Transaction ID: SA11AI.67691
	Kapolei	HI 96707	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	120.00
	Name of Employer Franklin Painting	Occupation Painter	Contribution
	Receipt For: 2010 X Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
	Full Name (Last, First, Middle Initial) Tsuya Takahashi		Date of Receipt
	Mailing Address 1252 B Hunakai St		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Honolulu	State Zip Code HI 96816	Transaction ID: SA11AI.67562 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Retired	Occupation Retired	Contribution
	Receipt For: 2010 X Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Γ	SUBTOTAL of Receipts This Page (optional) .		620.00

В.

PAGE 18/38 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) HAWAII REPUBLICAN PARTY Full Name (Last, First, Middle Initial) Date of Receipt Maurice Yamasato Mailing Address 1726 Oheke PI 05 28 2009 City State Zip Code Transaction ID: SA11AI.67703 Honolulu HI 96819 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C federal political committee. Contribution Name of Employer Yamasato, et al Occupation Attorney Receipt For: 2010 Aggregate Year-to-Date X Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) Jeffrey Yamashita Date of Receipt Mailing Address 94-425 Lakau Pl 0 5 18 2009 City State Zip Code Transaction ID: SA11AI.67694 Waipahu HI 96797 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Contribution Name of Employer Dept of Attorney General Occupation Chief Special Agent Receipt For: 2010 Aggregate Year-to-Date ▼ X Primary General 270.00

SUBTOTAL of Receipts This Page (optional)	•	1050.00
TOTAL This Period (last page this line number only)	<u></u>	8215.00

Other (specify)

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19/38 (check only one) 11a 11b 11c 12 13 14 15 16
r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per name and address of any political committees.	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
HAWAII REPUBLICAN PARTY		
Full Name (Last, First, Middle Initial) Jean Banker		Date of Receipt
Mailing Address PO Box 1086		05 14 2009
City	State Zip Code	Transaction ID: SA17.67709
Kamuela EEC ID number of contributing	HI 96743	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	332.87
Name of Employer retired	Occupation retired	332.87
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	332.87	
Full Name (Last, First, Middle Initial) BANK OF HAWAII		Date of Receipt
Mailing Address P.O BOX 2900		05 20 2009
City	State Zip Code	Transaction ID: SA17.67710
Honolulu	HI 96846	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	13.97
Name of Employer	Occupation	Interest
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1362.37	
Full Name (Last, First, Middle Initial) BANK OF HAWAII		Date of Receipt
Mailing Address P.O BOX 2900		05 31 2009
City	State Zip Code	Transaction ID: SA17.67711
Honolulu	HI 96846	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1.17
Name of Employer	Occupation	Interest
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1363.54	
SUBTOTAL of Receipts This Page (optional)	.1	348.01

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 38 (check only one) 11a 11b 11c 12 13 14 15 16 17 17
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NAME OF COMMITTEE (In Full) HAWAII REPUBLICAN PARTY		
Full Name (Last, First, Middle Initial) CENTRAL PACIFIC BANK Mailing Address PO BOX 135010 City	State Zip Code	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
HONOLULU	HI 96801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	61.65
Name of Employer	Occupation	- Interest
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.56	

SUBTOTAL of Receipts This Page (optional)	•	61.65
TOTAL This Period (last page this line number only)	•	409.66

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	(check only	NUMBER: PAGE 21/38
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 24 25 28a 28b 28c 29
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NAME OF COMMITTEE (In Full) HAWAII REPUBLICAN PARTY	, , , , , , , , , , , , , , , , , , ,		
Full Name (Last, First, Middle Initial) AMERICAN EXPRESS			Transaction ID: SB21B.67742 Date of Disbursement
Mailing Address BOX 0001			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
City LOS ANGELES	State Zip Code CA 90096		Amount of Each Disbursement this Period
Purpose of Disbursement MERCHANT SERVICES Candidate Name		001	83.26
		Category/ Type	
Senate President	sement For: 2008 X Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial) BANK OF HAWAII			Transaction ID: SB21B.67730 Date of Disbursement
Mailing Address P.O BOX 2900			05 M / 15 / Y 2009
City Honolulu	State Zip Code HI 96846		Amount of Each Disbursement this Perio
Purpose of Disbursement BANK SERVICE FEES		001	35.80
Candidate Name		Category/ Type	
	sement For: 2008 X Primary General Other (specify)		
Full Name (Last, First, Middle Initial) BANK OF HAWAII			Transaction ID: SB21B.67732 Date of Disbursement
Mailing Address P.O BOX 2900			$\begin{bmatrix}\begin{smallmatrix}M&5&M\\0&5&\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&2&D\\2&7\end{smallmatrix}]/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y&Y\\2&0&0&9\end{smallmatrix}$
City Honolulu	State Zip Code HI 96846		Amount of Each Disbursement this Perio
Purpose of Disbursement BANK SERVICES		001	55.45
Candidate Name		Category/ Type	
Senate President	sement For: 2008 X Primary General Other (specify)		
State: District:			
)		174.51

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SCHEDULE B (FEC Form 3X)				II NII	IMPE	р.			2405	/	20			
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HAWAII REPUBLICAN PARTY														
Full Name (Last, First, Middle Initial)					Trans	acti	on ID	: SB2	1B.6	7718				
Joanne Bretschneider						of Di	sburs	ement	V	v v	V			
Mailing Address 725 Kapiolani Blvd 2702					0 ^M 5	IVI /		1 ′		ž o ŏ s	€ '			
City State Zip C Honolulu HI 968					Amou	nt of	Each	Disbur	eme	nt this	Perio	od		
Purpose of Disbursement CELL PHONE	Г		001				_			50.54	1			
Candidate Name		Cat	egory/ ype											
	2008 General		уре											
Full Name (Last, First, Middle Initial)								000	10.0	7740				
VERIZON WIRELESS					Date o	of Di	sburs							
Mailing Address PO Box 9622					0 ^M 5	М	^D 1	1 /	Y 2	ŽOŎ	9 ^Y			
City State Zip C Mission Hills CA 9134					Amou	nt of	Each	Disburs	eme	nt this	Perio	od		
Purpose of Disbursement Cell Phone			001							50.54	1			
Candidate Name		Cat	egory/ ype											
	2010 General		уре	_ [MEM	O 1	TEM]							
Full Name (Last, First, Middle Initial)					Tranc	acti	on ID	: SB2	1B 6	7745				
Joanne Bretschneider					Date o		sburs	ement			V			
Mailing Address 725 Kapiolani Blvd 2702					0 ^M 5		1	5 /	. 2	žoós	9			
City State Zip C Honolulu HI 968					Amou	nt of	Each	Disburs	eme	nt this	Perio	od		
Purpose of Disbursement SALARY			001		L.				14	166.19)			
Candidate Name		Cat	egory/ ype											
	2008 General		7											
State: District:														
SUBTOTAL of Disbursements This Page (optional)	<u></u>		▶	•		•			15	16.73	3			

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			NUMBE	R:		PA	AGE	38	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	1 -	ck only 21b	one) T 22	— :	23	☐ 24	П	25	☐ 26
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HAWAII REPUBLICAN PARTY										
Full Name (Last, First, Middle Initial)							SB211	B.67	722	
Joanne Bretschneider				M	of Dis м		ement	/ Y	Y	Y
Mailing Address 725 Kapiolani Blvd 2702				0 5		1	9 /	2	0 ŏ s	9
City Honolulu	State Zip Code HI 96813			Amou	int of	Each	Disburse	-		
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	ment For: 2008 Primary General									
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Joanne Bretschneider				Date of			_	0.07	749	
Mailing Address 725 Kapiolani Blvd 2702				0 ^M 5	M /	^D 2	29 /	Ž	0 0 8) Y
,	State Zip Code HI 96813			Amou	int of	Each	Disburse	emen	t this f	Period
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Candidate Name		Categor Type	y/							
	ment For: 2008 Primary General	. 7100								
President	Other (specify)									
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Full Name (Last, First, Middle Initial) Steven Bretschneider				Trans Date of			: SB21I ement	B.67	713	
Mailing Address 725 Kapiolani Blvd 2702				0 ^M 5	M /	^D 0	1 '	Ž	0 0 5) ^Y
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State: District:										
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TOTAL This Period (last page this line number only)

Detailed Summary Page X 21b 22 23 24 25 27 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) HAWAII REPUBLICAN PARTY Full Name (Last, First, Middle Initial) CENTRAL PACIFIC BANK Mailing Address PO BOX 135010 Transaction ID: SB21B.67754 Date of Disbursement Date of Date of Disbursement Date of Date o	SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	' Use separate schedule	(S) (check only	E NUMBER: PAGE 24 / 38 ly one)
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Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Fisher Hawaii Mailing Address 450 Cooke St. City Honolulu HI 96813 Purpose of Disbursement Office Supplies Candidate Name Office Sought: House Senate President Disbursement For: 2010 X Primary General Other (specify) ▼ Image: Category/Type Category/Type Category/Type Condendate Name Disbursement For: 2010 X Primary General Other (specify) ▼ Image: Category/Type Category/Type Category/Type Category/Type Category/Type Condendate Name Disbursement For: 2010 X Primary General Other (specify) ▼ Image: Category/Type Category/Ty	CREDIT CARD PURCHASES			4737.15
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Office Sought: House			001	195.02
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	State: District:			

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
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NAME OF COMMITTEE (In Full) HAWAII REPUBLICAN PARTY			
Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.67740.11
AMERICAN CARPET ONE			Date of Disbursement
Mailing Address 302 SAND ISLAND ACC	ESS RD.		$ \begin{bmatrix} 0 & 5 & M \\ 0 & 5 & M \end{bmatrix} $ $ \begin{bmatrix} D & 2 & 1 \\ 0 & 2 & 1 \end{bmatrix} $ $ \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
	State Zip Code HI 96819		Amount of Each Disbursement this Period
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Deposit for carpet tiles		001	
Candidate Name		Category/ Type	
Senate X President	ment For: 2010 Primary General Other (specify)	,,	[MEMO ITEM]
State: District: Full Name (Last, First, Middle Initial)			
STORQUEST - KAKA AKO			Transaction ID: SB21B.67740.13 Date of Disbursement
Mailing Address 850 KAWAIAHAO ST #4			$\begin{bmatrix} \begin{smallmatrix} M & 5 & M \\ 0 & 5 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
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State: District: Full Name (Last, First, Middle Initial)			
Able Pest Exterminators			Transaction ID: SB21B.67740.14 Date of Disbursement
Mailing Address PO Box 1598			$\begin{bmatrix} \begin{smallmatrix} M & S & M \\ O & S & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & O & P \end{bmatrix}$
	State Zip Code HI 96701		Amount of Each Disbursement this Period
Purpose of Disbursement Pest Maintenance		001	157.07
Candidate Name		001 Category/	
Office Sought: House Disburse	ement For: 2010	Туре	[MEMO ITEM]
· —	Primary General Other (specify)		
State: District:	· · · · · · · · · · · · · · · · · · ·		
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SCHEDULE B (FEC Form 3X ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	FOR LINE N (check only of X 21b 27	one) 22			
Any Information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HAWAII REPUBLICAN PARTY						
Full Name (Last, First, Middle Initial) United Airlines Mailing Address Honolulu Airport			Transaction ID: SB21B.67740.17 Date of Disbursement M 5 M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City Honolulu	State Zip Code HI 96819		Amount of Each Disbursement this Period			
Purpose of Disbursement Travel Fees Candidate Name		002 Category/ Type	15.00			
Office Sought: House D Senate President State: District:	Disbursement For: 2010 X Primary General Other (specify)	No.	[MEMO ITEM]			
Full Name (Last, First, Middle Initial) Hawaiian Airlines Mailing Address Honolulu Internation	onal Airport		Transaction ID: SB21B.67740.18 Date of Disbursement M D M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y			
City Honolulu	State Zip Code HI 96819		Amount of Each Disbursement this Period			
Purpose of Disbursement Airfare Candidate Name		002 Category/ Type	253.50			
Office Sought: House D Senate President State: District:	Disbursement For: 2010 X Primary General Other (specify) ▼		[MEMO ITEM]			
Full Name (Last, First, Middle Initial) Hawaiian Airlines			Transaction ID: SB21B.67740.19 Date of Disbursement			
Mailing Address Honolulu Internation	onal Airport		$\begin{bmatrix} \begin{smallmatrix} M \\ D \\ D \end{smallmatrix} \end{bmatrix}^M \begin{bmatrix} \begin{smallmatrix} D \\ D \\ D \end{smallmatrix} \end{bmatrix}^D \begin{bmatrix} \begin{smallmatrix} Y \\ D \\ D \end{smallmatrix} \end{bmatrix} \overset{Y}{D} \overset{Z}{D} \overset{Z}{D} \overset{Z}{D} \overset{Z}{D} \overset{Z}{D} \mathsf$			
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Purpose of Disbursement Airline Fees Candidate Name		002 Category/	30.00			
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Full Name (Last, First, Middle Initial) USPS-DOWNTOWN							Date o			en		_	7740. 2 0 ŏ s		
Mailing Address 335 MERCHANT ST.							0.5	_		_	<u> </u>		. 0 0 :	2	
	State HI	Zip Code 96813-9998					Amou	nt o	f Each	n D	Disburse	mer	t this	Period	1
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	ement For: Primary Other (spe	2010 General		Ту	rpe		[MEMO ITEM]								
Full Name (Last, First, Middle Initial) COMPLETE CAMPAIGNS.COM							Date o		isburs	en	D /		7728 2 0 0 9	Y	_
Mailing Address 3635 RUFFIN RD, THIRD) FLOOR						0.5) (00	9	
•	State CA	Zip Code 92123					Amou	nt o	f Each	ı C	Disburse	mer	t this	Period	1
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ADAM DEGUIRE							Date of	of D	isburs	en	nent			V	
Mailing Address 725 KAPIOLANI BLVD #	C-105						0 ^M 5	М	/ D	1 5	5 /	2	o ŏ	€ 1	
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HAWAII REPUBLICAN PARTY									
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ADAM DEGUIRE			Date of D		ement 2 1	Y Y Y	_ Y		
Mailing Address 725 KAPIOLANI BLVD #	C-105		0 5	2	21	ŽOĎ	9		
City HONOLULU	State Zip Code HI 96813		Amount	of Each	Disburse	ment this	Period		
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Candidate Name		Category/ Type							
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Mailing Address P.O. BOX 51843			0 5	[/] 2	21	žoŏ	9 1		
City LOS ANGELES	State Zip Code CA 90051-6143		Amount	of Each	Disburse	ment this	Period		
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Candidate Name		Category/							
Office Country House		Туре	[МЕМО	ITEM]					
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President	Other (specify) ▼								
State: District: Full Name (Last, First, Middle Initial)			_		0004				
ADAM DEGUIRE			Date of [Disburs					
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City HONOLULU	State Zip Code HI 96813		Amount	of Each	Disburse	ment this	Period		
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Candidate Name		Category/ Type							
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only		PAGE 30 / 38
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b	22 23	24 25 26
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NAME OF COMMITTEE (In Full) HAWAII REPUBLICAN PARTY				
Full Name (Last, First, Middle Initial)			Transaction ID: S	B21B.67720
EDWARD ENTERPRISES INC.			Date of Disbursemen	
Mailing Address PO BOX 30468			05 11	² 2009
•	State Zip Code HI 96820		Amount of Each Disk	oursement this Period
Purpose of Disbursement	30020			94.24
PRINTING-BUSINESS CARDS Candidate Name		001 Category/		
		Type		
	ment For: 2008 Primary General			
President	Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) EDWARD ENTERPRISES INC.			Transaction ID: SI Date of Disbursemen	
Mailing Address PO BOX 30468			0 5 D 2 6	['] 2009
,	State Zip Code HI 96820		Amount of Each Disk	oursement this Period
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Candidate Name		Category/		
	ment For: 2008	Туре		
Senate X President	Primary General Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) EDWARD ENTERPRISES INC.			Transaction ID: SI Date of Disbursemen	_
Mailing Address PO BOX 30468			05 / 26	Y 2009
City	State Zip Code		Amount of Food Dick	oursement this Period
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Candidate Name		Category/ Type		
Office Sought: House Disburse	ment For: 2008	1 300		
Senate X President	Primary General Other (specify) ▼			
State: District:	Outer (Specify)			
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NAME OF COMMITTEE (In Full) HAWAII REPUBLICAN PARTY												
Full Name (Last, First, Middle Initial) EFTPS							ction ID			3.67733		
Mailing Address P.O. BOX 173788						0 5	/ D	0 5	/ Y	200	9 ^Y	
City DENVER	State CO	Zip Code 80217-3788			4	Amoun	t of Eacl	n Dis	burse	ment this	Peri	od
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PAYROLL TAX Candidate Name			Octe	gory/								
	rsement For: X Primary Other (spec	2008 General	Тур	oe								
Full Name (Last, First, Middle Initial) EFTPS										3.67737		
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Mailing Address P.O. BOX 173788						0 5		1 3	Ľ	žoŏ	9	
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Candidate Name			Cate									
9	rsement For: X Primary Other (spec	2008 General	. 71									
Full Name (Last, First, Middle Initial) William Finlay							ction ID			3.67744		
Mailing Address 4717 Halehoola PI						0 ^M 5 M	/ D	15	/ Y	ž 0 0	9 ^Y	
City Honolulu	State HI	Zip Code 96816			4	Amoun	t of Eacl	n Dis	burse	ment this	Peri	od
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Candidate Name			Cate	gory/								
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Full Name (Last, First, Middle Initial) William Finlay Mailing Address 4717 Halehoola PI		Transaction ID: SB21B.67748 Date of Disbursement O 5 M / D 2 D / Y Y Y O Y O 9
City Honolulu Purpose of Disbursement	State Zip Code HI 96816	Amount of Each Disbursement this Period
SALARY Candidate Name	000 Categ Typ	gory/
Office Sought: Senate President State: District:	sbursement For: 2008 X Primary General Other (specify)	
Full Name (Last, First, Middle Initial) HAWAIIAN TELCOM		Transaction ID: SB21B.67741 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO BOX 30770 City HONOLULU	State Zip Code HI 96820	Amount of Each Disbursement this Period
Purpose of Disbursement TELEPHONE Candidate Name	00 Categ	gory/
Office Sought: House District:	sbursement For: 2008 X Primary General Other (specify)	
Full Name (Last, First, Middle Initial) HAWAII BALLOON CO.		Transaction ID: SB21B.67719 Date of Disbursement
Mailing Address P.O. BOX 245044		05 11 7 2009
City HONOLULU	State Zip Code HI 96824	Amount of Each Disbursement this Period
Purpose of Disbursement BALLOONS	00	
Candidate Name	Cateç Tyr	
Senate President	sbursement For: 2008 X Primary General Other (specify)	
State: District:		
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NAME OF COMMITTEE (In Full) HAWAII REPUBLICAN PARTY Full Name (Last, First, Middle Initial) HAWAII STATE TAX COLLECTOR Mailing Address P.O. BOX 3559 City State Zip Code HI 96811-3559 Purpose of Disbursement PAYROLL TAX Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) CATHERINE M. HAYES Mailing Address 725 KAPIOLANI BLVD #C-105 City State: District: Full Name (Last, First, Middle Initial) CATHERINE M. HAYES Mailing Address 725 KAPIOLANI BLVD #C-105 City State: District: Full Name (Last, First, Middle Initial) CATHERINE M. HAYES Mailing Address 725 KAPIOLANI BLVD #C-105 City State: District: Full Name (Last, First, Middle Initial) CATHERINE M. HAYES Mailing Address 725 KAPIOLANI BLVD #C-105 City State: District: Full Name (Last, First, Middle Initial) CATHERINE M. HAYES Mailing Address 725 KAPIOLANI BLVD #C-105 City State: District: Full Name (Last, First, Middle Initial) CATHERINE M. HAYES Mailing Address 725 KAPIOLANI BLVD #C-105 City HONOLULU HI 96819 Purpose of Disbursement State: District: Full Name (Last, First, Middle Initial) CATHERINE M. HAYES Mailing Address 725 KAPIOLANI BLVD #C-105 City State Zip Code HI 96819 Purpose of Disbursement Category/ Type Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) CATHERINE M. HAYES Mailing Address 725 KAPIOLANI BLVD #C-105 City HONOLULU HI 96819 Purpose of Disbursement Category/ Type Office Sought: House Senate President Visit State Visit Sta	TEMIZED DISBURSEMENTS	Detailed S	Summary Page	X 21b 27	22 23 24 2 28a 28b 28c	29
NAME OF COMMITTEE (in Full) HAWAII REPUBLICAN PARTY Full Name (Last, First, Middle Initial) HAWAII STATE TAX COLLECTOR Mailing Address P.O. BOX 3559 City State Zip Code HI 96811-3559 Purpose of Disbursement PAYFOLL TAX Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) CATHERINE M. HAYES Mailing Address 725 KAPIOLANI BLVD #C-105 City HonoLULU HI 96819 Office Sought: General Other (specify) ▼ Transaction ID: SB21B.67736 Date of Disbursement this Peric Disbursement this Peric President State: Transaction ID: SB21B.67736 Amount of Each Disbursement this Peric Date of Disbursement this Peric President State: Transaction ID: SB21B.67747 Date of Disbursement this Peric Disbursement this Peric Date of Disbursement this Peric Date of Disbursement State: Full Name (Last, First, Middle Initial) CATHERINE M. HAYES Mailing Address 725 KAPIOLANI BLVD #C-105 City Blook Disbursement State: Distriction Discontinual Category' Type Office Sought: House Senate President State: Distriction Discontinual Category' Type Office Sought: House Senate Disbursement For: 2008 Amount of Each Disbursement this Peric Date of Disbursement Category' Type Office Sought: House Senate Disbursement For: 2008 Amount of Each Disbursement This Peric Date of Disbursement Category' Type Office Sought: House Senate Disbursement For: 2008 Amount of Each Disbursement this Peric Date of Disbursement Category' Type Office Sought: House Senate Disbursement For: 2008 Amount of Each Disbursement this Peric Date of Disbursement Category' Type Office Sought: House Senate Disbursement For: 2008 Amount of Each Disbursement Disbursement Type Office Sought: House Senate Disbursement For: 2008 Amount of Each Disbursement Disbursement Type Office Sought: House Senate Disbursement For: 2008 Amount of Each Disbursement Disbursement Type Office Sought: House Senate Date Date Date Date Date Date Date D						
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CATHERINE M. HAYES Mailing Address 725 KAPIOLANI BLVD #C-105 City State Zip Code HI 96819 Purpose of Disbursement SALARY Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) CATHERINE M. HAYES Mailing Address 725 KAPIOLANI BLVD #C-105 City State Zip Code HI 96819 Transaction ID: SB21B.67724 Date of Disbursement this Period Disbursement For: 2008 X Primary General District: Full Name (Last, First, Middle Initial) CATHERINE M. HAYES Mailing Address 725 KAPIOLANI BLVD #C-105 City State Zip Code HI 96819 Purpose of Disbursement CELL PHONE Candidate Name Office Sought: House Senate New Yerimary General Disbursement Cather Phone Candidate Name Office Sought: House Senate New Yerimary General Disbursement Cather Phone Candidate Name Office Sought: House Senate New Yerimary General Disbursement For: 2008 Senate President Other (specify) ▼ Office Sought: House Senate New Yerimary General Disbursement For: 2008 X Primary General Disbursement For: 2008					Transaction ID: SR21R	
City	CATHERINE M. HAYES				Date of Disbursement	
HONOLULU Purpose of Disbursement SALARY Candidate Name Office Sought: House Senate President President State: District: Full Name (Last, First, Middle Initial) CATHERINE M. HAYES Mailing Address 725 KAPIOLANI BLVD #C-105 City State Zip Code HONOLULU HI 96819 Purpose of Disbursement CELL PHONE Candidate Name Office Sought: House Senate President Disbursement For: 2008 Example 2 Disbursement For: 2008 Amount of Each Disbursement this Period Advised President Office Sought: House Senate President Disbursement For: 2008 X Primary General On 1 On 1 Category/ Type Office Sought: House Senate President Other (specify) ▼	Mailing Address 725 KAPIOLANI BLVD	#C-105			0"5" 15	2009
SALARY Candidate Name Office Sought: House Senate President President State: District: Full Name (Last, First, Middle Initial) CATHERINE M. HAYES Mailing Address 725 KAPIOLANI BLVD #C-105 City State Zip Code HONOLULU HI 96819 Purpose of Disbursement CELL PHONE Candidate Name Office Sought: House Senate President Senate President President President Other (specify) ▼ Transaction ID: SB21B.67724 Date of Disbursement Disbursement Mode Mailing Address 725 KAPIOLANI BLVD #C-105 Amount of Each Disbursement this Period Address President President Disbursement For: 2008 Amount of Each Disbursement Senate President Other (specify) ▼ Office Sought: House Senate President Other (specify) ▼					Amount of Each Disburseme	ent this Perio
Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) CATHERINE M. HAYES Mailing Address 725 KAPIOLANI BLVD #C-105 City HONOLULU HI 96819 Purpose of Disbursement CELL PHONE Candidate Name Office Sought: House Senate President Disbursement For: 2008 X Primary General Other (specify) ▼ Amount of Each Disbursement this Period Advanced Bisbursement For: 2008 X Primary General Other (specify) ▼ Office Sought: House Senate President Other (specify) ▼	SALARY				1	417.02
Senate President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) CATHERINE M. HAYES Mailing Address 725 KAPIOLANI BLVD #C-105 City State Zip Code HONOLULU HI 96819 Purpose of Disbursement CELL PHONE Candidate Name Office Sought: House Senate President Other (specify) ▼ Name (Last, First, Middle Initial) Category/ Type Transaction ID: SB21B.67724 Date of Disbursement Date of Disbursement Office Sought: V 2 0 0 9 Y Amount of Each Disbursement this Period And Another Category/ Type Office Sought: Plouse Senate President Other (specify) ▼				0,		
Full Name (Last, First, Middle Initial) CATHERINE M. HAYES Mailing Address 725 KAPIOLANI BLVD #C-105 City State Zip Code HONOLULU HI 96819 Purpose of Disbursement CELL PHONE Candidate Name Office Sought: House Senate President Disbursement For: 2008 X Primary General Other (specify) Other (specify) Other (specify)	Senate President	X Primary	General			
CATHERINE M. HAYES Mailing Address 725 KAPIOLANI BLVD #C-105 City State Zip Code HONOLULU HI 96819 Purpose of Disbursement CELL PHONE Candidate Name Office Sought: Disbursement For: 2008 Senate President Disbursement For: 2008 Category Type Category Type					Transaction ID: SP31P	27704
Mailing Address 725 KAPIOLANI BLVD #C-105 City State Zip Code HONOLULU HI 96819 Purpose of Disbursement CELL PHONE Candidate Name Office Sought: House Senate President Other (specify) ▼ Amount of Each Disbursement this Perior 1001 Category/ Type Amount of Each Disbursement this Perior 1001 Category/ Type Office Sought: Other (specify) ▼					Date of Disbursement	
HONOLULU Purpose of Disbursement CELL PHONE Candidate Name Office Sought: House Senate President Disbursement For: 2008 X Primary General Other (specify) President Other (specify) President	Mailing Address 725 KAPIOLANI BLVD	#C-105			05 21	2009
CELL PHONE Candidate Name Office Sought: House Senate President Disbursement For: A Primary General Other (specify)	HÓNOLULU				Amount of Each Disburseme	
Office Sought: Disbursement For: 2008 Senate President Disbursement For: 4008 Concept General Other (specify)	CELL PHONE					40.00
Senate X Primary General President Other (specify) ▼						
	Senate	X Primary	General			
			<i>···J</i>) ▼			

•	Form 3X)		arate schedule(s)	_	LINE NUM k only one			PAC	E 34/	38
TEMIZED DISBURS	_	Detailed	category of the Summary Page	X 2	1b 22 7 28	a Ba	23 28b	24 28c	25 29	E
ny Information copied from suc r for commercial purposes, othe										3
NAME OF COMMITTEE (In HAWAII REPUBLICAN I	Full)									
Full Name (Last, First, Middle MOBI PCS	e Initial)						ion ID: isbursem	SB21B.	67724.0	D C
Mailing Address 1467 S	South King Street				C	5 ^M	21) / Y	ž 0 ŏ 9) ^Y
City Honolulu		State HI	Zip Code 96814		Ar	nount c	f Each D	isbursem	•	
Purpose of Disbursement Cell Phone				001	7 L				40.00)
Candidate Name				Category						
Office Sought: Hous Senat	te X	ement For: Primary Other (spe	2010 General		[M	EMO I	TEM]			
State: District:										
Full Name (Last, First, Middle CATHERINE M. HAYES	,						isbursen	_	67751	
Mailing Address 725 KA	APIOLANI BLVD #	C-105			C	5	2 9) / Y	žoŏs) ^Y
City HONOLULU		State HI	Zip Code 96819		Ar	nount c	f Each D	isbursem	ent this F	Peri
Purpose of Disbursement SALARY		<u> </u>		001	╗┖				1417.02	2
Candidate Name				Category	"/					
Office Sought: Hous Senat	te X	ement For: Primary Other (spe	2008 General							
State: District:										
Full Name (Last, First, Middle HEARTLAND PAYMENT						te of D	isbursem			
Mailing Address 1437 \	OUNGSTOWN C	ENTER H	WY 62			5 ^M	0 1) / Y	ž 0 ŏ 9) ^Y
City JEFFERSONVILLE		State IN	Zip Code 47130		Ar	nount c	f Each D	isbursem	ent this f	Peri
Purpose of Disbursement MERCHANT SERVICES				001	╗┖				524.35	5
Candidate Name				Category Type	"					
Office Sought: House	te X	Primary	2008 General	-						
State: President	Jriet.	Other (spe	еспу) ▼							

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only		PAGE 35/38
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Statemor for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) HAWAII REPUBLICAN PARTY				
	ENTER HWY 62 State Zip Code IN 47130	001 Cetarani	Transaction ID: S Date of Disbursemer M 5 M / D 1 1 Amount of Each Disl	
Office Sought: House Disburse	ment For: 2008 Primary General Other (specify)	Category/ Type		
Full Name (Last, First, Middle Initial) IMS, INC. Mailing Address 46-001 KAMEHAMEHA H	IWY		Transaction ID: S Date of Disbursemer	
SUITE 201	State Zip Code			bursement this Period
	HI 96744			1884.82
Purpose of Disbursement ACCOUNTING SERVICES		001		1004.02
Candidate Name		Category/ Type		
Office Sought: House Senate Y President State: District:	nent For: 2008 Primary General Other (specify)			
Full Name (Last, First, Middle Initial)			Transaction ID: S	 R21B 67717
ISLAND VIRTUAL LLC			Date of Disbursemen	nt
Mailing Address 84-171A WATER STREE	Т		05 11	['] 2009 [']
	State Zip Code HI 96792		Amount of Each Disl	bursement this Period
Purpose of Disbursement WEBSITE UPDATES		001		251.12
Candidate Name		Category/ Type		
Office Sought: House Disburser Senate X President	ment For: 2008 Primary General Other (specify)	Турс		
State: District:				
SUBTOTAL of Disbursements This Page (optional)				2161.94

TOTAL This Period (last page this line number only)

S	CHEDULE B (FEC Form 3X)	Use separate schedule(s	-	NUMBER: PAGE 36/38
IT	EMIZED DISBURSEMENTS		(check only 21b 27	y one) 22 23 24 25 20 28a 28b 28c 29 30
	ny Information copied from such Reports and for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) HAWAII REPUBLICAN PARTY			
	Full Name (Last, First, Middle Initial) Cynthia Lee			Transaction ID: SB21B.67714 Date of Disbursement
	Mailing Address 725 Kapiolani Apt 2701			05
	City Honolulu	State Zip Code HI 96813		Amount of Each Disbursement this Period
	Purpose of Disbursement PARKING		001	125.00
	Candidate Name		Category/ Type	
	Office Sought: House Di Senate President	sbursement For: 2008 X Primary General Other (specify)		
_	State: District: Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.67715
	R&K MAINTENANCE			Date of Disbursement
	Mailing Address 442 KAHA STREE			05 M / 06 / Y 2009 Y
	City KAILUA	State Zip Code HI 96734		Amount of Each Disbursement this Period
	Purpose of Disbursement CLEANING		001	94.24
	Candidate Name		Category/ Type	
	Senate President	sbursement For: 2008 X Primary General Other (specify)		
	State: District: Full Name (Last, First, Middle Initial) SIGNS BY DEY			Transaction ID: SB21B.67721 Date of Disbursement
	Mailing Address 320 WARD AVE. #	116		05 18 7 2009
	City HONOLULU	State Zip Code HI 96814		Amount of Each Disbursement this Period
	Purpose of Disbursement BANNER		001	762.30
	Candidate Name		Category/ Type	
	Office Sought: House Senate President State: District:	sbursement For: 2008 X Primary General Other (specify)		
٦		D	_	981.54
Г	GUBTOTAL of Disbursements This Page (opt			
17	FOTAL This Period (last page this line number	er only)		29408.50

SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR **ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAG	GE 37/38	
FOR	LINE 18a C	F FORM 3>
L AMOUNT	TRANSFE	RRED
	4475.08	
	4475.08	o
action ID:		0
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saction ID:		
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action ID:		
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ction ID:	-	
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NAME OF COMMITTEE (In Full)		
HAWAII REPUBLICAN PARTY		
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
State and Local Account - Bank of HI	0 5 / D D Y Y 2 0	Y 9 4475.08
BREAKDOWN OF TRANSFER RECEIVED		
i) Total Administrative		4475.08
		Transaction ID: H3.67712
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event Id	lentifier)	
a)		Transaction ID:
b)		Transaction ID:
c) Total Amount Transferred for Direct Fundra	aising	
v) Direct Candidate Support (List of Activity of	or Event Identifier)	
2)		Transaction ID:
a <u>)</u>	_	Transaction ib.
b)	-	Transaction ID:
c) Total Amount Transferred For Direct Cand	didate Support	
vi) Public Communications Referring Only to	Party (Made by PAC)	Transaction ID:
TOTALS	FOR BREAKDOWN OF TRANSFER	
	4475.08	
TOTAL This Period (Administrative)	4475.08	
TOTAL This Period (Generic Voter Drive)	0.00	0
TOTAL This Period (Exempt Activities)		0.00
TOTAL This Period (Direct Fundraising)		0.00
TOTAL This Period (Direct Candidate Support)		0.00
TOTAL This Period (Public Communications Referring Or	nly to Party)	0.00
TOTAL This Period (Total Amount Transferred)		4475.08

SCHEDULE H4 (FEC Form 3X) DISBURSEMENT FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	38 / 38					
FOR	LINE	21a	OF	FORM 3X		

I EBENAL/NONI EB		• •		FOR LINE 21a OF FORM 3X				
NAME OF COMMITTEE (In Full)							
HAWAII REPUBLICAN PA	ARTY							
A Full Name /Least First A	(A'-1-II - 1'1'-IV			Transfer Allegaria April 200				
A. Full Name (Last, First, Maw All MEDICAL SE		Type of Allocated Activity:						
Mailing Address		X Administrative Fundraising Exempt						
P.O. BOX 29330		Voter Drive Direct Candidate Support						
City	State	Zip Code		Public Comm (ref to party only) by PAC				
Honolulu	HI	96820	001	Allocated Activity or Event Year-To-Date				
Purpose of Disbursement: Health Insurance			Category/	27518.94				
Activity or Event Identifier: Administrative		Type	Date 0.5 0.1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
				Transaction ID: H4.67704				
FEDERAL S	SHARE	+ NONFEDERAL	SHARE	= TOTAL AMOUNT				
	213.82		804.38	1018.20				
B. Full Name (Last, First, N	Middle Initial)			Type of Allocated Activity:				
CENTRAL PACÍFIC B	ANK			Administrative Fundraising Exempt				
Mailing Address				Voter Drive Direct Candidate Support				
PO BOX 135010	State	Zin Codo		Public Comm (ref to party only) by PAC				
City HONOLULU	State HI	Zip Code 96801	001	Allocated Activity or Event Year-To-Date				
Purpose of Disbursement:		90001						
Mortgage			Category/ Type	29673.89				
Activity or Event Identifier: Administrative		Date 0.5 0 1 7 2 0 0 9						
FEDERAL S	SUADE	Transaction ID: H4.67705 = TOTAL AMOUNT						
TEDETIAL	1 1 1 1							
	452.54		1702.41	2154.95				
C. Full Name (Last, First, I	Middle Initial)			Type of Allocated Activity:				
THE IMPERIAL PLAZA	Α ΄			✓ Administrative ☐ Fundraising ☐ Exempt				
Mailing Address				Voter Drive Direct Candidate Support				
711 KAPIOLANI BLVD), SUITE 700			· · ·				
City	State	Zip Code	004	Public Comm (ref to party only) by PAC				
Honolulu	HI	96813	001	Allocated Activity or Event Year-To-Date				
Purpose of Disbursement: Maintenance & Utilities	5		Category/ Type	32165.40				
Activity or Event Identifier:			Турс	M M / D D / Y Y Y Y				
Administrative				Date 0 5 0 1 2 0 0 9 Transaction ID: H4.67706				
FEDERAL S	SHARE	+ NONFEDERAL	SHARE	= TOTAL AMOUNT				
	1 1 1 1		1 1 1					
	523.22		1968.29	2491.51				
SUBTOTAL of Allocated Fede	ral and NonFederal	Activity This Page						
FEDERAL SHARE + NONFEDERAL SH.				= TOTAL AMOUNT				
1189.58			4475.08	5664.66				
TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))								
FEDERAL S		NONFEDERA		TOTAL AMOUNT				
	1189.58		4475.08	5664.66				